

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90056 044 ****61.25

DOCUMENT # N02000005539

1. Entity Name

SERENITY COVE ALF, INC.



Principal Place of Business

**2125 S.E. DOLPHIN ROAD
PORT ST. LUCIE FL 34952**

Mailing Address

**2125 S.E. DOLPHIN ROAD
PORT ST. LUCIE FL 34952**

2. Principal Place of Business

2125 S.W. 53rd Ave.
Suite, Apt. #, etc.

3. Mailing Address

2125 S.W. 53rd Ave.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Hollywood, FL
Zip **33023** Country **USA**

City & State

Hollywood, FL
Zip **33023** Country **USA**

4. FEI Number

22-3873756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, ROSE
2125 S.E. DOLPHIN ROAD
PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ALEXANDER, ROSE**
STREET ADDRESS **2125 S.E. DOLPHIN ROAD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **D** ☐ Delete
NAME **CHESTNUT, TIMOTHY**
STREET ADDRESS **2230 N.W. 47TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☐ Delete
NAME **TIMMONS, ANGELA**
STREET ADDRESS **1732 10TH STREET**
CITY-ST-ZIP **GREENBORO NC 27405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/03 (704) 694-5701

Date

Daytime Phone #

CR2E037 (4/03)